

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 135

County Registrar No. 640

Local Registrar No. \_\_\_\_\_

No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Manuela Onedia Felix { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth May 9, 1926 Month May Day 9 Year 1926

8. FATHER Full name Samuel Felix

9. Residence (Usual place of abode) Miami, Arizona If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Chihuahua, Mex. (State or country)

13. Occupation Nature of Industry Miner

14. MOTHER Full maiden name Maria Acosta

15. Residence (Usual place of abode) Miami, Arizona If non-resident, give place and state.

16. Color or race Mex 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Sinaloa, Mex. (State or country)

19. Occupation Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 4 A. m. on the date above stated (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature Byrd M. Brown (Physician or midwife). Address Miami, Ariz

Given name added from a supplemental report. Month, day, year June 2, 1926 Filed June 2, 1926 Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

467-507-411